

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027272

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 496

FILED JUL 22 1963

## 1. PLACE OF DEATH

a. COUNTY Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Columbia

Length of stay in 1b  
31 Years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Boone County Hospital

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Boone

c. CITY OR TOWN Columbia

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
109 Manor Court

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
FRANK TULL

4. DATE OF DEATH Month Day Year  
July 17, 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 2-20-1901

9. AGE (last birthday) 62

IF UNDER 1 YEAR Months Days

IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Realtor

10b. KIND OF BUSINESS OR INDUSTRY Real Estate

11. BIRTHPLACE (City and state or country) Carrollton, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

## 13a. FATHER'S NAME

Frank Tull

## 13b. MOTHER'S MAIDEN NAME

Harriett Campbell

## 14. NAME OF HUSBAND OR WIFE

Sabra Niedermeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. Frank Tull, Columbia, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH  
1 Hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterio Sclerotic heart disease

Years

DUE TO (c)

Rheumatic Heart Disease  
Aortic Stenosis & Insufficiency due to

Years

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Generalized Arteriosclerosis

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov., 1956 to 17 July, 1963 and last saw him alive on 17 July 1963  
Death occurred at 11:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

John T. Logue MD

22b. ADDRESS

1504 E. Broadway, Columbia, Mo.

22c. DATE SIGNED

7-17-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

July 20, 1963

23c. NAME OF CEMETERY OR CREMATORY

Columbia Cemetery

23d. LOCATION (City, town, or county) (State)

Columbia, Mo.

24. FUNERAL DIRECTOR

Parker Funeral Service, Columbia, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

July 19, 1963

26. REGISTRAR'S SIGNATURE

Mrs. R.E. Palmer

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

BY AFFIDAVIT OF

1963 AUG 1

P010  
-P010

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# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4897

P. O. Address Columbia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.